

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/	/					51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8		/					58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13	/						63				
14		/					64				
15		/					65				
16		/					66				
17		/					67				
18		/					68				
19		/					69				
20		/					70				
21		/					71				
22		/					72				
23		/					73				
24	/	/					74				
25		/					75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total							Total				
Indep							Indep				
Total							Total				
Depend							Depend				
Total							Total				
Claims							Claims				